

Case Number:	CM14-0186246		
Date Assigned:	11/14/2014	Date of Injury:	03/25/2005
Decision Date:	01/15/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 59-year-old man with a date of injury of March 25, 2005. The mechanism of injury was not documented in the medical record. The primary treating physician has not documented prior conservative treatment, or failure of conservative treatment. There is no documentation of physical therapy an IW participation in home exercise program. Pursuant to the most recent progress note dated September 22, 2014, the IW complains of low back pain, bilateral upper back pain, bilateral mid back pain, and anxiety. The IW is able to sit for 30 minutes, and stand for 30 minutes. Physical examination reveals tender areas in the lumbar spine region on both sides (grade 3). Straight leg test was positive on the left and right. Examination of the thoracic spine revealed tender areas in the thoracic region on both sides (grade 3). The IW has been diagnosed with lumbar intervertebral disc; S/I sprain/strain; spasm of muscles; thoracic myofasciitis; post-traumatic anxiety; and post-operative laminectomy. Current medications include: Potassium 20meq, Furosemide 40mh, Fluoxetine 20mg, Doxycycline 100mg, Ritalin 10mg, Xanax 2mg, Elavil 25mg, Simvastatin 20mg, Finasteride 5mg, Tamsulosin 4mg, Vitamin D, Clonidine 0.1mg, Percocet, Ambien 10mg and Methadone 10mg. The provider is recommending a pain management consultation to evaluate his low back herniated disc pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Consultation Chapter 7, page 127 and the Official Disability Guidelines (ODG); Pain Section, Office Visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation is not medically necessary. The guidelines support specialist consultation in complex and refractory cases. Office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play critical role in proper diagnosis and return to function of an injured worker and should be encouraged. The need for an office visit is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker is a 59-year-old man status post injury March 25, 2005, status post laminectomy. The injured worker is nine years posted of injury. The documentation does not reflect prior conservative treatment. There is no documentation of physical therapy sessions, home exercise programs and documentation as to objective functional improvement with physical therapy sessions. Additionally, in August 2014 the treating physician requested a surgical consultation. The surgical consultation was denied because the medical record review lacked documentation as to red flags, progression and neurologic deficits are changing functional deficits. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, in addition to the lack of appropriate documentation, Pain Management Consultation is not medically necessary.